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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/773,365
		Filing Date	January 31, 2001
		First Named Inventor	Suman Khowala
		Art Unit	1651
		Examiner Name	Irene Marx
Total Number of Pages in This Submission		Attorney Docket Number	8920-000005

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Deposit; and return receipt postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Robert M. Siminski	Reg. No. 36,007
Signature			
Date	December 17, 2004		

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Robert M. Siminski	Express Mail Label No.	EV 570 165 739 US (12/17/2004)
Signature		Date	December 17, 2004

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 FEE TRANSMITTAL DEC 17 2004 FOR FY 2005		Complete if Known				
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		Filing Date	January 31, 2001			
		First Named Inventor	Suman Khowala			
		Examiner Name	Irene Marx			
		Art Unit	1651			
TOTAL AMOUNT OF PAYMENT		(\$)		450	Attorney Docket No.	8920-000005

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																					
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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete if applicable			
Name (Print/Type)	Robert M. Siminski	Registration No. (Attorney/Agent)	36,007	Telephone	248-641-1600
Signature				Date	December 17, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



MTCC

**BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE**

INTERNATIONAL FORM

To

Dr. S. Sengupta
Indian Institute of Chemical
Biology
Jadavpur
Kolkata 700 032

NAME AND ADDRESS OF THE DEPOSITOR

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT
issued pursuant to Rule 7.1 by the
INTERNATIONAL DEPOSITORY AUTHORITY
Identified at the bottom of this page

I. IDENTIFICATION OF THE MICROORGANISM

Identification reference given by the DEPOSITOR:

MTCC S2-002 (IICB-41)

Accession number given by the
INTERNATIONAL DEPOSITORY AUTHORITY.

MTCC 5091

II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION

The microorganism identified under I above was accompanied by:

 a scientific description a proposed taxonomic designation

(Mark with a cross where applicable)

III. RECEIPT AND ACCEPTANCE

This International Depository Authority accepts the microorganism identified under I above,

which was received by it on 4.10.2002 (date of the original deposit)¹

IV. RECEIPT OF REQUEST FOR CONVERSION

The microorganism identified under I above was received by this International Depository

Authority on 24.10.2001 (date of the original deposit) and a request to convert the original
deposit under the Budapest Treaty was received by it on 20.11.2002 (date of receipt of request for conversion)

V. INTERNATIONAL DEPOSITORY AUTHORITY

Name: Dr. Tapan Chakrabarti
Microbial Type Culture

Address: Collection & Gene Bank
Institute of Microbial Technology
Sector 39 A, Chandigarh 160036
INDIA

Signature(s) of person(s) having the power to represent the
International Depository Authority or of authorized official(s):

Tapan Chakrabarti

December 5, 2002

¹ Where Rule 6.4(d) applies, such date is the date on which the status of International Depository Authority was acquired

MTCC

**BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE**

INTERNATIONAL FORM

<p>To</p> <p>Dr. S. Sengupta Indian Institute of Chemical Biology Jadavpur Kolkata 700 032</p> <p>NAME AND ADDRESS OF THE PARTY TO WHOM THE VIABILITY STATEMENT IS ISSUED</p>	<p>VIABILITY STATEMENT issued pursuant to Rule 10.2 by the INTERNATIONAL DEPOSITORY AUTHORITY Identified on the following page</p>
---	--

I. DEPOSITOR	II. IDENTIFICATION OF THE MICROORGANISM
<p>Name: Dr. S. Sengupta Indian Institute of Chemical Biology Address: as above.</p>	<p>Accession number given by the INTERNATIONAL DEPOSITORY AUTHORITY MTCC 5091 Date of the deposit or of the transfer: November 20, 2002</p>

III. VIABILITY STATEMENT
<p>The viability of the microorganism identified under II above was tested on December 2, 2002 and ² on that date, the said microorganism was</p> <p><input checked="" type="checkbox"/> ¹ viable</p> <p><input type="checkbox"/> ² no longer viable</p>

¹ Indicate the date of the original deposit or, where the new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).

² In the cases referred to in Rule 10.2(a)(ii) and (iii), refer to the most recent viability test.

³ Mark with a cross the applicable box

IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED***V. INTERNATIONAL DEPOSITORY AUTHORITY**

Name: Dr. Tapan Chakrabarti
Microbial Type Culture
collection & Gene Bank
Address: Institute of Microbial
Technology
Sector 39, Chandigarh 160036
INDIA

Signature(s) of person(s) having the power to represent the
International Depository Authority or of authorised official(s).



Date: December 5, 2002

* Fill in if the information has been requested and if the results of the test were negative.